



PTO/SB/21 (08-00)

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

| | | |
|---|-------------------------------|-------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/721,075 |
| | Filing Date | November 26, 2003 |
| | First Named Inventor | Koichiro TANAKA |
| | Group Art Unit | 1725 |
| | Examiner Name | M. Elve |
| Total Number of Pages in This Submission | Attorney Docket Number | 0756-7223 |

ENCLOSURES (check all that apply)

| | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosures 1. Request for Continued Examination 2. 3. 4. 5. 6. |
| Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-2280 for the above identified docket number. | | |

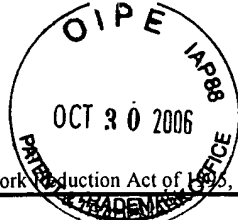
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|--------------------------------|--|
| Firm or Individual name | Eric J. Robinson, Reg. No. 38,285 Robinson Intellectual Property Law Office, P.C. PMB 955 21010 Southbank Street Potomac Falls, VA 20165 |
| Signature | |
| Date | October 26, 2006 |

CERTIFICATE OF MAILING

| | | | |
|---|------------------|-------------|------------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below. | | | |
| Type or printed name | Adele M. Stamper | | |
| Signature | | Date | October 26, 2006 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



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**FEE TRANSMITTAL
FOR FY 2005**

Effective 10/01/2004. Patent fees are subject to annual revision.

☐ Applicant Claims small entity status. See 37 CFR 1.27.**TOTAL AMOUNT OF PAYMENT** (\$) 910.00**Complete if Known**

| | |
|----------------------|-------------------|
| Application Number | 10/721,075 |
| Filing Date | November 26, 2003 |
| First Named Inventor | Koichiro TANAKA |
| Examiner Name | M. Elve |
| Group Art Unit | 1725 |
| Attorney Docket No. | 0756-7223 |

METHOD OF PAYMENT

- 1.
- ☐
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit
Account
Number

50-2280

Deposit
Account
NameRobinson Intellectual Property
Law Office

- ☒
- Charge Any Additional Fee Required
-
- Under 37 CFR 1.16 and 1.17 and
-
- credit overpayments

☐ Applicant claims small entity status.
See 37 CFR 1.27

- 2.
- ☒
- Payment Enclosed:

☒ Check ☐ Credit Card ☐ Money
Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

| Large Entity Fee Code | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid |
|--|--------------------------|--------------------------|--------------------------|--------------------|----------|
| 1001 | 300 | 2001 | 150 | Utility filing fee | |
| 1111 | 500 | 2111 | 250 | Search fee | |
| 1311 | 200 | 2311 | 275 | Examination fee | |
| Over 100 Sheets/250 for each additional 50 | | | | | |

SUBTOTAL (1) (\$)**2. EXTRA CLAIM FEES**

| Total Claims | Extra Claims | Fee from below | Fee Paid |
|---------------------------|--------------|----------------|----------|
| -20** = | X \$50 = | | |
| Independent Claims -3** = | X \$200 = | | |
| Multiple Dependent | = | | |

| Large Entity Fee Code | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid |
|--------------------------|--------------------------|--------------------------|--------------------------|--|----------|
| 1202 | 50 | 2202 | 25 | Claims in excess of 20 | |
| 1201 | 200 | 2201 | 100 | Independent claims in excess of 3 | |
| 1203 | 360 | 2203 | 180 | Multiple dependent claim, if not paid | |
| 1204 | 200 | 2204 | 100 | ** Reissue independent claims over original patent | |
| 1205 | 50 | 2205 | 25 | ** Reissue claims in excess of 20 and over original patent | |

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

| Fee Code | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid |
|---------------------------|--------------------------|--------------------------|--------------------------|--|----------|
| 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or oath | |
| 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet | |
| 1053 | 130 | 1053 | 130 | Non-English specification | |
| 1812 | 2,520 | 1812 | 2,520 | For filing a request for <i>ex parte</i> reexamination | |
| 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action | |
| 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action | |
| 1251 | 120 | 2251 | 60 | Extension for reply within first month | \$120.00 |
| 1252 | 450 | 2252 | 225 | Extension for reply within second month | |
| 1253 | 1020 | 2253 | 510 | Extension for reply within third month | |
| 1254 | 1,590 | 2254 | 795 | Extension for reply within fourth month | |
| 1255 | 2,160 | 2255 | 1080 | Extension for reply within fifth month | |
| 1401 | 500 | 2401 | 250 | Notice of Appeal | |
| 1402 | 500 | 2402 | 250 | Filing a brief in support of an appeal | |
| 1403 | 1000 | 2403 | 500 | Request for oral hearing | |
| 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding | |
| 1452 | 500 | 2452 | 250 | Petition to revive - unavoidable | |
| 1453 | 1,500 | 2453 | 750 | Petition to revive - unintentional | |
| 1501 | 1,400 | 2501 | 700 | Utility issue fee (or reissue) | |
| 1502 | 800 | 2502 | 400 | Design issue fee | |
| 1503 | 1100 | 2503 | 550 | Plant issue fee | |
| 1462 | 400 | 1462 | 400 | Petitions, Group I | |
| 1463 | 200 | 1463 | 200 | Petition, Group II | |
| 1464 | 130 | 1464 | 130 | Petitions, Group III | |
| 1807 | 50 | 1807 | 50 | Processing fee under 37 CR 1.17(q) | |
| 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt | |
| 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | |
| 1809 | 790 | 2809 | 395 | Filing a submission after final rejection (37 CFR § 1.129(a)) | |
| 1810 | 790 | 2810 | 395 | For each additional invention to be examined (37 CFR § 1.29(b)) | |
| 1801 | 790 | 2801 | 395 | Request for Continued Examination (RCE) | \$790.00 |
| 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application | |
| Other fee (specify) _____ | | | | | |

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$) 910.00

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on October 26, 2006.

*Adde M. Stamper***SUBMITTED BY**

Name (Print/Type)

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Registration No.
(Attorney/Agent)

38,285

Complete (if applicable)

Telephone

(571) 434-6789

Signature

Date

October 26, 2006